

P12000013552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

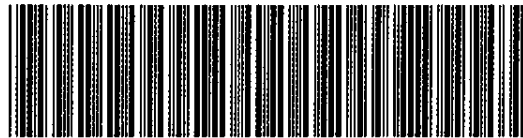
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800220363238

02/08/12--01019--018 **70.00

12 FEB -8 PM 5:23

RECEIVED
FEB 8 2012
FEB 8 2012

2/8
8

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **D1A DESIGNS, INC**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: **SEBASTIAN ARBOLEDA**

Name (Printed or typed)

4704 NW 114 AVE #202

Address

DORAL, FL 33178

City, State & Zip

786-663-8598

Daytime Telephone number

D1ADESIGNSINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

D1A DESIGNS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4704 NW 114 AVE #202
DORAL, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLOORING INSTALLATIONS

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **SEBASTIAN ARBOLEDA**
Address: **4704 NW 114 AVE #202**
DORAL, FL 33178

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **SEBASTIAN ARBOLEDA**
Address: **4704 NW 114 AVE #202**
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DAVID ARBOLEDA**
Address: **4704 NW 114 AVE #202**
DORAL, FL 33178

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sebastian Arboleda

Required Signature/Registered Agent

01/31/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

01/31/2012
Date

12 FEB -8 PM 5:23
STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION DIVISION